**VARM Referral Summary Form**

**Please complete to the best of your knowledge and send to your line manager to be signed off prior to circulating. Once approved by your line manager contact** **Warwickshire Safeguarding Business Team** **to obtain a unique VARM number. This will then need to be added to your form before it is circulated to partner agencies.**

**PLEASE NOTE: The below information is strictly confidential**

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| Name of Adult: |  |
| Unique VARM ID number: |  |
| Contact Information for adult:Home:Mobile:Email: |  |
| In your experience, does the adult have a preferred method of contact?  | Yes [ ]  No [ ]  Unknown [ ]  Preferred method of contact:  |
| Address of the adult:(Please state if the individual does not currently have a fixed address) |  |
| Accommodation Status:  | Homeowner [ ]  Privately rented [ ]  Social housing [ ]   |
| Date of birth: |  |
| Gender: |  |
| Ethnicity: |  |
| Has there been a previous VARM meeting? | Yes [ ]  No [ ]  Unknown [ ] If yes, please provide details:Date of previous meeting:Unique ID reference # (if known):  |
| Does the Adult have a disability?  | Yes [ ]  No [ ]  Unknown [ ]  |
| Are there any occupants living with the adult who have a disability or are considered vulnerable? | Yes [ ]  No [ ]   |
| Is the Adult deemed to have mental capacity in relation to the issues being presented? | Yes [ ]  No [ ]  *(If no, complete an MCA or best interests meeting before*  *convening a VARM)*Date of (attempted / completed) capacity assessment:Name of assessor: |
| Please confirm that the Adult has received the ‘What to expect’ leaflet. | Yes [ ]  No [ ]  If no - please provide a reason: |
| Will any individual/family member/carer or advocate be attending the meeting? | Yes [ ]  No [ ]  If yes, please give details: |
| What would you like the VARM meeting to consider? *List/describe the identified risks that are believed to be serious enough that significant harm or death could occur* |
| Where support has been declined, record identified reasons and offers of support as far as you are aware: |
| Are you aware of any prior safeguarding concerns ever being raised about this adult? | Yes [ ]  No [ ] If yes please give details: |
| What existing factors increase or decrease the likelihood of harm? |
| Please answer to the best of your knowledge: | Does the adult have mobility issues that prevent them to leave their property unaided? Yes [ ]  No [ ] Is there an increased risk of fire because the adult smokes or is careless when cooking? Yes [ ]  No [ ] Does the adult have a dependence on drugs or alcohol? Yes [ ]  No [ ] Is the adult supported by carers? Yes [ ]  No [ ]  |
| Has there been a referral to the Fire Service for a Safe and Well Check with a processed outcome (even if the outcome was non engagement?)  | Yes [ ]  No [ ] If no, please give details: |
| Any other comments or information relevant to this case: |
| List any other people or organisations that you know who are currently working with the person and give brief details of their involvement: |
| Referrer:Signed: Print Name: Line Manager/SupervisorSigned: Print Name: Organisation:Date:Contact details: |

If possible please attach copies of any:

* The What to Expect Leaflet completed by the adult/representative
* Capacity assessment(s)
* Support plans (if applicable)
* Other appropriate documentation

Once completed, send this form to the agencies who have been identified to attend the VARM meeting and a copy to wsab@warwickshire.gov.uk

**Guide for the agency receiving the referral**

Please complete below to the best of your knowledge ahead of the VARM meeting and bring it with you to support decision making.

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| 1. **Brief analysis of individual or / and agency practice.**
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| 1. **Please describe the adults lived experience.**
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| 1. **Please identify any areas for concern.**
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| **What is working well?** |
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| 1. **Further relevant information (including completed Risk Assessments)**
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